STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964119	R 05/15/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GABLES ESTATES INC	**1881 SW 37TH AVENUE** **MIAMI, FL 33145**

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A revisit to a relicensure survey was conducted at Gables States Inc on . Deficiencies were found at the time of the survey.

0052 - Medication - Assistance with Self-Admin - 429.256( ); 58A-5.0185 (3)

Based on observation, record review and interview, the facility failed to follow the correct procedure outlined by the state when assisting with self-administration of medications for one out of seven sampled residents (# 3). The resident had an unknown medication in his possession.

Findings included:

On at 11:28 AM observed Resident # 3 sitting at the extra dining area in the hallway between the living room and the family room and he was looking for something on the floor. There was a white round pill on the floor; he picked it up.

On at 11:29 AM Resident # 3 stated, "Its , . I do not like it" and put it in his pocket.

On at 11:30 AM Staff E stated, "I do not know how he does that. He has , twice a day, in the morning and at night. I check when he takes it." No medications were being administered at the time and staff were not present to witness the act.

On at 11:45 AM the Administrator stated that Staff E had gotten because previously Resident # 3 had an order for , but no more.

On at 12:10 PM when asked for the name of the medication he had, Resident # 3 stated that it was , .

Review of the medication observation record revealed that Resident # 3 had no , and no , ordered.

On at 11:35 AM Staff D stated that Resident # 3 likely got the medication from the clinic where he had been the day before.

Uncorrected Class III

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GABLES ESTATES INC	**1881 SW 37TH AVENUE** **MIAMI, FL 33145**

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and interview, the facility failed to provide a safe living environment to all residents and staff.

Findings included:

During tour of the facility on at approximately 11:00 AM observed a black substance on the tiles of both showers and rust was observed under the sink. Paint was needed on the ceiling in the bathroom, by bed in # , in the hallway closet across # on the wall in the extra dining area in the hallway between the living room and the family room and on the outside of the house. Observed in the backyard multiple full containers of detergent and softener.

On at 11:15 AM the Administrator stated, "I will replace the grout."

On at 11:30 AM the Administrator stated that the residents used the backyard sometimes.

On at 11:50 AM observed dust on the ceiling in the extra dining area in the hallway between the living room and the family room.

On at 11:50 AM the Administrator stated at 11:50 AM, "We clean that vent every month but still doing it."

Uncorrected Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observation, record review and interview the facility failed to store 48 hours of fuel on site.

Findings included:

On at 11:20 AM observed 4 containers of 5 gallons each full of gasoline inside a flame resistant cabinet in the backyard for a total of 20 gallons. Observed a generator in a closet in the backyard.

Review of the generator information revealed that it had a capacity for 7 gallons and and runs 12.5 hours at half load. The generator needed 30 gallons of gasoline for 48 hours.

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	AL11964119	R **05/15/2019**
NAME OF PROVIDER OR SUPPLIER **GABLES ESTATES INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1881 SW 37TH AVENUE** **MIAMI, FL 33145**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

On . . . . . at 12:50 PM the Administrator stated that he would buy more gasoline.

Uncorrected Class III